



Department of Ecology  
**SOLID WASTE AND FINANCIAL  
ASSISTANCE PROGRAM**  
ECY 070-104

FOR ECOLOGY USE ONLY	
Application No.	_____
Site Manager	_____
Site ID	_____

**APPLICATION FOR REMEDIAL ACTION GRANT**

**PART I - GENERAL INFORMATION**

**1. APPLICANT**

Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street or PO Box No.)

Dept/Div \_\_\_\_\_  
(Town/City, State and ZIP+4)

Tax ID Number \_\_\_\_\_

Applicant Type (Check appropriate box or boxes)

<input type="checkbox"/> State	<input type="checkbox"/> City	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> County	<input type="checkbox"/> Special Purpose District	<input type="checkbox"/> Health Department/District

**2. PROJECT TITLE** \_\_\_\_\_

**3. COST OF PROJECT**

Total \$ \_\_\_\_\_

Eligible \$ \_\_\_\_\_

Total Grant Requested \$ \_\_\_\_\_

**4. PROJECT PERIOD**

From \_\_\_\_\_

To \_\_\_\_\_

**5. TYPE OF GRANT**

<input type="checkbox"/> VCP	<input type="checkbox"/> Derelict Vessel	<input type="checkbox"/> Safe Drinking Water Action
<input type="checkbox"/> Meth Lab	<input type="checkbox"/> Site Hazard Assessment	<input type="checkbox"/> Area-wide Ground Water Contamination
<input type="checkbox"/> UST	<input type="checkbox"/> Site Study and Remediation	

**6. INVESTMENT IN ENVIRONMENT (Which of the following environmental benefits will result from the project proposal?)**

<input type="checkbox"/> Regulatory compliance with MTCA	<input type="checkbox"/> Restore or Protect Designated Beneficial Uses
<input type="checkbox"/> Eliminate a Public Health Emergency	

**\* Note: See Appendix 2 for assistance.**

**7. PROJECT LOCATION**

County \_\_\_\_\_ Municipality \_\_\_\_\_

WRIA Name/No. \_\_\_\_\_ Legislative District(s) \_\_\_\_\_

Water Resource Inventory Area(s) (WRIA) \_\_\_\_\_

**8. IS THIS PROJECT COVERED BY AN AGREEMENT?**

<input type="checkbox"/> Consent Decree, Ecology/EPA	<input type="checkbox"/> Agreed Order, Ecology	<input type="checkbox"/> Other
<input type="checkbox"/> Prospective Purchaser Agreement	<input type="checkbox"/> Enforcement Order, Ecology	_____

Please Note: Reference and attach consent decree, enforcement order, or agreed order. **Official Document No.** \_\_\_\_\_

**9. APPLICANT PROJECT MANAGER**

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone  
(Include Area Code) \_\_\_\_\_

Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_

**10. ADMINISTRATION CONTACT (To whom checks are to be mailed)**

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone  
(Include Area Code) \_\_\_\_\_

Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_



**SECTION C – BUDGET FUNDING SOURCE****ESTIMATED TOTAL COST OF PROJECT**

Contribution from other PLP's \$

Remaining Eligible Cost \$

**REQUESTED GRANT AMOUNT** \$**POSSIBLE FUTURE CONTRIBUTIONS / SETTLEMENTS** \$**Financial / Legal Contact regarding Contributions / Settlements**

Name

Title

Address

Telephone

Fax

Email

**MATCHING FUNDS BY SOURCE**

Cash

General Obligation Bonds

Insurance Settlements

Local Improvement District (LID)

Revenue Bonds

Non-Ecology Grants (*Identify*)

Other

**TOTAL MATCHING FUNDS****PART III – CERTIFICATION AND AGREEMENT**

The undersigned representative certifies that the information submitted herewith is true and correct to the best of his/her knowledge and belief, and is authorized to sign and submit this application.

The applicant agrees that if a grant is awarded on the basis of this application or any revision or amendment thereof, it will comply with all applicable statutory provisions and with the applicable terms, conditions, and procedures of the Department of Ecology grant regulation and of the grant agreement.

Signature of Authorized Representative

*Typed Name and Title*

Date

*Telephone No. (include area code)*

*If you require this publication in an alternate format,  
please contact Solid Waste and Financial Assistance  
at 360-407-6900 or TTY 711 or 1-800-833-6388*